



Vermont Department of Health
Emergency Medical Services and Injury Prevention
Agency of Human Services



Application for Waiver of EMS Rules

Name: _____ Phone: (H) _____ (W) _____

Street Address: _____

Town/City: _____ State: _____ ZIP Code: _____

Date of Birth: _____ EMS # (if applicable): _____

I hereby request the Vermont Department of Health waive EMS Rule _____ from Vermont EMS Rules dated March 1, 2003 for the reason(s) listed on the reverse side of this form. I understand a waiver must not reduce the quality of emergency medical care.

I understand the Health Commissioner will hold a public hearing on my request unless I request otherwise, and all other parties agree.

☐ I **do** wish to waive a public hearing by the Health Commissioner.

☐ I **do not** wish to waive a public hearing by the Health Commissioner.

Signature of Applicant Date
Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

HEAD OF SERVICE

I attest as head of _____, a Vermont licensed EMS agency, that this organization supports this waiver request.

Signature Print Name Date

DISTRICT BOARD CHAIR

I attest as Chair of Vermont EMS District # _____ that this district's Board of Directors supports this waiver request.

Signature Print Name Date

DISTRICT MEDICAL ADVISOR

I attest as District Medical Advisor for Vermont EMS District # _____ that I support this waiver request.

Signature Print Name Date

Mailing Address: 108 Cherry Street, PO Box 70, Burlington, VT 05402-0070
Phone: 802-863-7310 or 800-244-0911 (Vermont only) **Fax:** 802-863-7577
Web Site: <http://www.state.vt.us/health/ems> **E-mail:** ytems@vdh.state.vt.us
June 23, 2004

[illegible]